



Review Form for Drug-Free School Zone Convictions

The Tennessee Department of Correction (TDOC) will review certain sentences for offenses committed **before September 1, 2020, pursuant to the Drug-Free School Zone Act** [Public Chapter 803 (2020), Tenn. Code Ann. § 39-17-432] to be considered for commutation by the Governor. If you are **currently serving** a sentence for an offense committed in a violation of the Drug-Free School Zone Act under the law that was in effect prior to September 1, 2020, and would like TDOC to review your sentence, then please complete this Review Form and submit it as instructed below. This review process is not intended to serve and will not serve as a review of the proceedings of the trial court or your guilt or innocence. This review process only applies to Drug-Free School Zone sentence(s) that you are currently serving for offense(s) occurring prior to September 1, 2020. The final determination of whether a commutation will be granted lies in the sole discretion of the Governor.

You may apply for commutation of any sentence, as well as other forms of executive clemency, through the Board of Parole at <https://www.tn.gov/bop>.

QUALIFYING QUESTIONS

Did the drug-free school zone offense(s) for which you seek review involve the sale or distribution to a minor (that is, someone age seventeen (17) or younger)?

Yes / No

Have you incurred a drug-related disciplinary infraction within the past three (3) years?

Yes / No

Have you had a positive drug screen in the past three (3) years?

Yes / No

Have you been dismissed from a treatment program in the past three (3) years?

Yes / No

If you answered “Yes” to any of the qualifying questions above, then you are not eligible to submit this Review Form. If you answered “No” to each of the qualifying questions above, then you may proceed to complete the rest of the Review Form.

GENERAL INFORMATION

Name: _____

Social Security Number: _____

Aliases, if any: _____

Date of Birth: _____

Current Age: _____

Age at time you were convicted of your drug drug-free school zone offense(s): _____

Sex: _____

TDOC Identification Number: _____

Location where you are currently incarcerated: _____

INFORMATION ABOUT THE DRUG-FREE SCHOOL ZONE OFFENSE(S)

Did the drug-free school zone offense(s) for which you seek review occur **on the premises** of a public or private elementary school, middle school, secondary school, preschool, child care agency, public library, recreational center, or park?

Yes / No

If yes, please provide the following information for each offense:

Location Type	Date	Time of Day
_____	_____	_____
_____	_____	_____
_____	_____	_____

[continued on next page]

In the space below, provide a narrative summary of your participation in the drug-free school zone crime(s) for which you are currently serving a sentence. Please explain whether the crime(s) involved a minor, exposed a minor to harm, or occurred on the premises of a public or private elementary school, middle school, secondary school, preschool, child care agency, public library, recreational center, or park.

CRIMINAL HISTORY

List all convictions from all jurisdictions, including juvenile offenses:

Offense	Sentence	County & State	Year
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever escaped or attempted to escape?

Yes / No

Did you commit any offenses while on escape?

Yes / No

If yes, list what offense below:

Offense	Sentence	County & State of Conviction	Year
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

AFFIRMATION

I affirm that I have read, or had read to me, and understand the instructions, questions and statements within this Review Form. I understand that TDOC will review my institutional disciplinary record in conjunction with this Review Form and may seek other information that TDOC determines to be relevant to my eligibility for commutation. I understand that I have an affirmative duty to update all information in this Review Form, as appropriate, in a timely manner, including my contact information. I also affirm that this Review Form has been completed in its entirety; that ALL responses made in the Review Form, are true and correct to the best of my knowledge, that in my judgment I meet ALL of the criteria on which this Review Form is based.

Applicant's Signature

SUBMISSION CHECKLIST

Before submitting your Review Form, be sure you have included and completed the following:

- Submit all pages of the Review Form.
- Ensure that all responses are typed or printed legibly.
- Page four (4) of the Review Form is signed by the applicant. Each form must contain the applicant's signature unless the applicant is physically or mentally incapable of signing, in which case incapacity must be documented in a cover letter.
- Make a copy of your Review Form and any attachments for your records. Your form and any attachments will not be returned once accepted for review.
- Submit these materials to TDOC using only one of the following methods:
 - Email: tdoc803@tn.gov
 - Regular Mail: TDOC GENERAL COUNSEL
ATTN: Drug Zone Review
6th Floor, Rachel Jackson Building
320 Sixth Ave N
Nashville, Tennessee 37243

If you have questions about this application, contact your Institutional Probation/Parole Officer (IPPO) or the TDOC office at (615) 741-1000.